		AND HUMAN SERVICES MEDICAID SERVICES		· · ·	FORM	: 09/30/2010 APPROVED : 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE S COMPLI	URVEY ETED
		085029	B. WING			C 1/2010
	ROVIDER OR SUPPLIER ON HOUSE OF GEOR	RGETOWN	1	REET ADDRESS, CITY, STATE, ZIP CODE 110 W. NORTH STREET GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	(ÉACH DEFICIÊNÇ	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULO BE	(X5) COMPLETION DATE
F 279 SS=D	was conducted at 2010 through Sept deficiencies contain observations, staff clinical record revidend procedures an indicated. The fact the survey was one survey sample total 483.20(d), 483.20(COMPREHENSIV). A facility must use to develop, review comprehensive plan for each reside objectives and time medical, nursing, aneeds that are ideassessment. The care plan must be furnished to highest practicable psychosocial well-§483.25; and any be required under due to the residen §483.10, including under §483.10(b)(c)	Innual and complaint survey this facility from September 13, ember 21, 2010. The ned in this report are based on and resident interviews, ews, review of facility policies d other documentation as lifty census on the first day of ehundred and two (102). The lifed twenty-five (25) residents. k)(1) DEVELOP E CARE PLANS the results of the assessment and revise the resident's and revise the resident's and revise the resident's and mental and psychosocial niffied in the comprehensive stidescribe the services that are attain or maintain the resident's e physical, mental, and being as required under services that would otherwise §483.25 but are not provided its exercise of rights under the right to refuse treatment 4).	F 00	Preparation and /or execution Plan of Correction does not constitute admission or agree of the provider of the truth of facts alleged or conclusions forth in the Statement of Deficiencies. The Plan of Correction is prepared and / executed solely because it is required by the provisions of federal and state law.	ement of the set or s f ility's liance NSIVE	1:2/10/10
	by:	NT is not met as evidenced ecord review and interview it				
ABORATOR	Y DIRECTOR'S OR PROV	HER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(XI) DATE

try deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that after safeguards provide sufficient projection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 lays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		AND HUMAN SERVICES				FORM	09/30/2010 APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO.	0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1	IULTIP! ILDING	LE CONSTRUCTION	(X3) DATE SI COMPLE	TED
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					EET ADDRESS, CITY, STATE, ZIP CODE		
HARRISO	ON HOUSE OF GEOR	GETOWN			0 W. NORTH STREET		
				GE	EORGETOWN, DE 19947		
(X4) 1D		TEMENT OF DEFICIENCIES	, ID	1	PROVIDER'S PLAN OF CORREC		(X5)
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IAG	ACOUCATOR TORE	OC IDENTIF THIS HAP OR WATEON)	TAG	· .	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	5 ,112
F 279	Continued From pa	ge 1	F:	279	One: Corrective action for		
		at the facility failed to develop a			situation identified		
	comprehensive car	e plan that included all of the		- 1			
	residents' actual ca	re needs for two (R132 and			1. Cross refer F 319		
	R38) out of 25 resid	lents sampled. R132 was not		}	a. As of 10/01/10 th	e	
	care planned for his	documented agitated			facility Social Worker develo		
	behaviore and refus	sal of medications, R38 was			care plan addressing R132's	pcu a	
			•		behaviors associated with agi	totad	
	hoboviere releted to	r her documented anxiety and			behaviors. The care plan incl		
	benaviors related to	anxiety. Findings include:			measurable goals and non-	iuues	
	4 C			İ	pharmacological intervention	_	10/01/10
	1. Cross refer F319						
		urses notes documented that			b. As of 10/01/10, R		
	R132 became agita	ted and turned a table over in			was care planned for his poter	ntial	
i	the break room. O	n 8/24/10 E5 (Social Worker)			for medication refusal. The ca		
		chart that R132 needed to be			plan includes non-pharmacolo	ogical	10/01/10
		gitation. E5 (Social Worker)			interventions.		
-		ent and that E5 would "write a			2. Effective 10/01/10, R38's of		
		of R132's care plans revealed			plan was updated to include a	nxiety	
		d to develop a care plan			and the associated behaviors.		
	addressing R132's	agitated behaviors.			care plan includes measurable	:	
i		1			goals, non- pharmacological		
		AM an interview with E5			interventions and		10/01/10
	(Social Worker) cor	firmed a care plan was not			psychotropic medication use.		10/01/10
		ng R132's agitated behavior.			Two: Identification of other		
		1			residents that have the poter	ntial	
	b. Review of R132's	Medication Administration			to be affected		
	Records for August	and September 2010					
		documented as refusing			The facility recognizes that all	ī ,	
		cluded insulin injections.			residents have the potential to		
		plans for R132 revealed the			affected with regards to the		
		plan R132's refusal of			development of a comprehens	iva	
ŀ	medications.	plant trade i di dada di			care plan that includes a plan	to	
		 			address the residents actual ca		
	An interview with F2	2 (DON) on 9/20/10 at 2:20					
		should have had care plans			needs. By 11/5/10 resident car		
		ated behaviors and refusal of			plans, behavior documentation		
	medications.	Wood Dolla Hold a Blid 16 (03d) Of			(CNA and BIMFR forms) and		
		Ativan 0.5 mg by mouth q			associated psychotropic drug		
					will be audited for accuracy .A		
		ety and was being monitored			concerns will be noted and a S		11/05/10
	by nursing for fier b	ehaviors of hitting, yelling, and			Services referral will be comp	leted.	11/03/10
IRM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: L5RN11		<u></u>	(Attachment A)	A!	1.D. 5 :-
	() + ICTIOUS VEISIONS	C LUNCIE ZAGUITI PARA ZAGUITI P		racill	ity ID: DE0090 If con	unuation shee	et Page 2 of 8

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		IPLE CONSTRUCTION	(X3) DATE S COMPLE	JRVEY
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NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
HARRIS	ON HOUSE OF GEOR	GETOWN	;		110 W. NORTH STREET GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 279	comprehensive care residents' actual car R38) out of 25 reside care planned for his behaviors and refus not care planned for behaviors related to 1. Cross refer F319 a. On 8/21/10 the nick R132 became agitathe break room. Of documented in the committed for his again continued to docume care plan". Review that the facility failed addressing R132's a Con 9/20/10 at 9:23 / (Social Worker) con developed addressing b. Review of R132's Records for August revealed R132 was medications that increview of the care present the social reverse of the social	the facility failed to develop a plan that included all of the re needs for two (R132 and lents sampled. R132 was not a documented agitated all of medications. R38 was a her documented anxiety and anxiety. Findings include: The sampled anxiety and anxiety and anxiety. Findings include: The sampled anxiety and anxiety and anxiety. Findings include: The sampled anxiety and anxiety and anxiety. Findings include anxiety and anxiety. Findings included anxiety anxiety anxiety anxiety anxiety anxiety anxiety. The sampled anxiety The sampled anxiety anxiety anxiety anxiety anxiety anxiety anxiety anxiety anxiety. The sampled anxiety anxie	F:	279		iced on eferral ic il be itoring he cates ior by or eavior eloped	12/10/10
	facility failed to care medications.	plan R132's refusal of (DON) on 9/20/10 at 2:20			residents whose behaviors are monitored or who receive a psychotropic medication will	be	
	PM confirmed R132 addressing his agita medications. 2. R38 was ordered (every) am for anxie	should have had care plans ted behaviors and refusal of Ativan 0.5 mg by mouth q ty and was being monitored chaviors of hitting, yelling, and		or.	reviewed by nursing staff to e that care plans are consistent psychotropic drug use and bel monitoring. A Social Services	with navior	at Plana 2 of 9

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2010 FORM APPROVED OMB NO. 0938-0391

STATEMEN' AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	•	085029	B. WING		C
NAME OF P	PROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	09/21/2010
HARRIS	ON HOUSE OF GEOR	GETOWN		110 W. NORTH STREET GEORGETOWN, DE 19947	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION
F 279 F 319 SS=D	getting up unassisted revealed R38 was in the behaviors exhibited with E4 (Unit Mana 9/21/10 at 10:35AM failed to develop a control the behaviors exhibited 483.25(f)(1) TX/SV/MENTAL/PSYCHO Based on the compresident, the facility who displays mental difficulty receives a	ed. Review of R38's care plans not care planned for anxiety or lited by anxiety. An interview ger) and E7 (RNAC) on confirmed that the facility care plan for R38's anxiety and lited. C FOR SOCIAL DIFFICULTIES rehensive assessment of a must ensure that a resident or psychosocial adjustment oppopriate treatment and	F 27	appropriate intervention, if net Social Services will report on concerns at the monthly and quarterly QI meeting. The monthly pharmacy report include psychotropic drug use reduction recommendation. 483.25(f) (1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES The facility will continue to president who displays mental of psychosocial difficulties appro-	will Ongoing and L ovide a or printe
	This REQUIREMENT by: Based on clinical re was determined that appropriate monitor for one (R132) out address his document Findings include:	IT is not met as evidenced cord review and interview it the facility failed to provide ing and a psychiatric consult of 25 residents sampled to ented agitated behaviors.		monitoring and services to corrassessed problem. To address survey concerns the is undertaking the following me Cross refer to F279 One: Corrective action for sidentified	e facility easures:
	diagnoses that include leukemia, Alzheime with bundle branch wentricular tachycard On 8/5/10 a MDS (Massessment for signinitiated. The MDS cognition was determined to MDS also documents of the MDS als	finimum Data Set) ificant change for R132 was documented that R132's		In addition to the care plan revice completed on 10/1/10, the CNA behavior monitoring forms were to reflect behaviors being exhibit The nursing "Behavior/Intervet Monthly Flow Record" (BIMF R132 was also corrected to include behaviors exhibited and docum the nursing notes. On 9/21/10 the facility's psychiatric nurse consultant was notified on 9/20/10 order for a psych consultant.	A re revised bited. ntion R) for lude lented in iatric f the

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	ROVIDER OR SUPPLIER	GETOWN	<u>.l</u>	110	ET ADDRESS, CITY, STATE, ZIP CODE W. NORTH STREET EORGETOWN, DE 19947	1	
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F 279 F 319 SS=D	getting up unassisted revealed R38 was at the behaviors exhibited the second of the behaviors exhibited to develop at the behaviors exhibited to develop at the behaviors exhibited the second of the second of the compresident, the facility who displays mental difficulty receives a	ed. Review of R38's care plans not care planned for anxiety or bited by anxiety. An interview ger) and E7 (RNAC) on a confirmed that the facility care plan for R38's anxiety and bited.	F	319	Two: Identification of other that have the potential to be The facility recognizes that all have the potential to be affecte regards to appropriate treatmer services for mental /psychosoc difficulties. The nursing audit ,to be completed in the social service form (attachment A) will ensure CNA and BIMFR forms are continuously in the social service in noting actual behaviors that assessed and care planned to be resident is being provided wit appropriate intervention.	residents ad with nt and cial leted by s referral re that the consistent are ensure the h the	11/05/10
	by: Based on clinical re was determined the appropriate monitor for one (R132) out address his docum Findings include: On 5/8/10 R132 wa diagnoses that include leukemia, Alzheime with bundle branch ventricular tachycal On 8/5/10 a MDS (assessment for sig initiated. The MDS cognition was determoderately impaire The MDS also documents.	1			Three: Measures or systemic The nurse 24 hour report will to be reviewed daily by the QI and the RNAC, or designee, to resident behavior changes and appropriate care planning and monitoring and treatment has implemented. Monthly the BIMFR and CNA flow sheets will be reviewed to behavior monitoring is consist appropriate interventions are implemented. Concerns will be reported to Social Services for	continue nurse o identify to ensure behavior been behavior o ensure ent and	Ongoing

		AND HUMAN SERVICES				FORM	- 09/30/2010 APPROVED . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION	(X3) DATE S COMPLE	URVEY ETED
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	ROVIDER OR SUPPLIER	GETOWN	l	1	REET ADDRESS, CITY, STATE, ZIP COD 10 W. NORTH STREET SEORGETOWN, DE 19947		
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F 319	repetitive physical r	and had behaviors of	F	319	By 11/12/10 the nursing state serviced by the consulting on behavior monitoring and psychotropic drug use.	Pharmacist	11/12/10
	R132 "tried to hit C notes documented	NA". On 8/21/10 the nurses "Resident in break room had a c. Became agitated turned			Four: Monitoring Mech	anisms	
	documented in his incident of R132 ov "Staff needs to m more angry outburs (psychiatric) consul care plan." On 9/9/10 at 3:30 F documented "Resid	ent agitated this afternoon,			Monthly nursing will revi behavior monitoring form associated psychotropic d Inconsistent monitoring w addressed immediately an the nurse supervisor who compliance. A Social Servill be completed for any plan or monitoring change will be audited and report	s with rug use. vill be d reported to will ensure vices referral needed care e. Concerns ed at the	
	uncooperative with most of the morning Review of R132's c to ensure that R132	taff and yelling out. Also care. One to one with staff and part of the afternoon" hart revealed the facility failed received a psychiatric e agitated behaviors.			monthly and quarterly QI	meeting.	Ongoing
	Flow Record" (BIMI behaviors and inter-behaviors) revealed R132 for "Removing without assistance, Review of R132's B revealed nursing was "Getting up without failed to monitor R1 and his refusal of many properties."						
	Review of the medi	cal record with E6 (Unit					1

		AND HUMAN SERVICES			-		APPROVED 0938-0391
	OF DEFICIENCIES	& MEDICAID SERVICES	Town			(X3) DATE SU	
	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU		ANGEL .	COMPLET	TED
		085029	B. WI	NG _		09/21	; 1/2010
NAME OF P	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
HARRISO	ON HOUSE OF GEOR	GETOWN		1	10 W. NORTH STREET SEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF		PROVIDER'S PLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETION DATE
120			IAC	•	DEFICIENCY)		
F 319	Continued From pa	<u> </u>	-	:		·	·
	9:25 AM confirmed R132's agitated bel	Social Worker) on 9/20/10 at the facility failed to monitor naviors and the facility failed to eceived a psychiatric consult.					
F 329 SS=D		GIMEN IS FREE FROM	F	329	483.25(i) DRUG REGIMEN IS FROM UNNECESSARY DRU		
	unnecessary drugs drug when used in a duplicate therapy); without adequate mindications for its us adverse consequents should be reduced combinations of the Based on a compressident, the facility who have not used given these drugs utherapy is necessar as diagnosed and drecord; and resident drugs receive gradus	thensive assessment of a must ensure that residents antipsychotic drugs are not inless antipsychotic drug y to treat a specific condition locumented in the clinical its who use antipsychotic all dose reductions, and			The facility will ensure that the resident's drug regimen is free frunnecessary drugs and is adequated monitored. To address survey concerns the is undertaking the following means and the care plan, CNA behavior flow sheets and the nursing BIMFR has been updated to accurately reflect behaviors with associated monitor for potential adverse affects for the administration of the anxiolytical staff will be in-serviced on Medimanagement to include monitor	facility asures: ation ow ave ct all oring the Nursing ication	
	contraindicated, in a drugs.	ions, unless clinically an effort to discontinue these			documentation of any adverse consequence. Two: Identification of other rethat have the potential to be affected have the potential to be affected	esidents ffected esidents	11/12/10
	determined that for				regards to appropriate behavior monitoring and medication management.		A Dana S of 0

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DEPAR	MENT OF HEALTH	AND HUMAN SERVICES			······································	FORM	APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO	<u>. 0938-0391</u>
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		085029]09/2	1/2010
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MARKIS	ON HOUSE OF GEOR	GETOWN		G	GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 329	Continued From pa	ge 5	F	329	Three: Measures or systemic	changes	
	The facility's policy Management" indic receiving anxiolytics prevent anxiety) surfor potential advers. Review of R8's care revealed R8 had be yelling, cursing, and assistance from carcare plan indicated more than five (5) to not have excessive times per day. Review of R8's Sep Administration Receive aled that R8 warms. (milligram) by reperiod of time for in	entitled, "Medication ated that each resident s (medication to treat or ch as Xanax will be monitored			A resident behavior and medic audit will be completed to ensubehaviors are appropriately do and monitored. Results of the abe reviewed by Social Services will make any necessary revision. CNA forms. As stated ,nursing review both CNA and BMIFR consistency. To ensure residents receiving psychotropic drugs receive grareductions a Titrate Audit has been completed to identify any residenceds review for medication reduction. The consulting pharm will make appropriate recommendation to the physician upon the review audit results and documented before the consulting pharmacist will to review all resident medication.	tre that cumented dudit will who ons to the gwill forms for dual dose een ent that enacist endations w of the ehaviors.	9/25/10
	Review of R8's Sep Behavior/Interventic (BIMFR) (the recom- nursing staff to more including the target episodes, non-phar pharmacological interventions, and p from the pharmaco- that only one behave monitored on this re- cursing and excess above care plan we	blember 2010 on Monthly Flow Record d utilized by the licensed nitor behavior symptoms behavior, number of macological and terventions, the outcome of the presence of any side effects logical interventions) revealed prior of yelling was being ecord. Additional behaviors of the requests as noted on the presence of Xanax, only one			to review all resident medication on a monthly basis and will commake recommendations to ensure residents are not receiving unnered to the review reported monthly and at the quality of the review reported monthly and at the quality of the review reported monthly and at the quality of the qu	n orders attinue to are accessary will be arterly Services accessary accessary accessary will be arterly services accessary ac	Ongoing

		AND HUMAN SERVICES & MEDICAID SERVICES				APPROVED 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S COMPLE	TED
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	ROVIDER OR SUPPLIER ON HOUSE OF GEOR	GETOWN	1	REET ADDRESS, CITY, STATE, ZIP CODE 10 W. NORTH STREET GEORGETOWN, DE 19947		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 329	Continued From pa	ge 6	F 329			
	behavior during the	documented for R8's yelling 3 PM-11 PM shift on 9/10/10 were assessed. An interview	•			
	with E4 (unit managapproximately 12:2) times requested the					
	who developed and plan revealed that to (CNA) document the "social interaction for identifies the behave BIMFR. In addition whether R8 was may gathers the information certified nursing assincorporate the information Lastly, E5 did confidence.	Director of Social Services) I implemented the above care the certified nursing assistants the target behavior on the form" and licensed nursing staff tiors to be monitored on the tiors documented by the tion documented by the tiors to be monitored on the BIMFR. The that the BIMFR failed to the soft cursing and excessive				
F 469 SS=B	(administrator), E2 (Associate Director approximately 12:4 E2 related that whe increased anxiety a nervous, that this b monitored utilizing 483.70(h)(4) MAIN CONTROL PROGETTHE facility must metals approximately and the facility must metals approximately	TAINS EFFECTIVE PEST	F 469	F 469 483.70(h)(4) MAINTAINS EFFECTIVE PEST CONREPROGRAM The facility will maintain an epest control program so that t is free of posts and rodents. To address survey concerns the is undertaking the following the second control of the seco	effective he facility he facility	

DEPARTMENT OF HEALT CENTERS FOR MEDICAR	H AND HUMAN SERVICES E & MEDICAID SERVICES	PMModPAS		FORM	09/30/2010 APPROVED 0938-0391
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	085029	B. WING_		i .	C 1/2010
NAME OF PROVIDER OR SUPPLIER HARRISON HOUSE OF GEO		1	REET ADDRESS, CITY, STATE, ZIP CODE 110 W. NORTH STREET GEORGETOWN, DE 19947		
PRÉFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRINTED DEFICIENCY)	JLD BE	(XS) COMPLETION DATE
F 469 Continued From p		F 469	One: Corrective action for si	ituation	***
by: Based on observa 09/14/10, it was d to maintain an effethat the facility is f Findings include: 1. On the above of were observed was preparation table. 2. During the above flying and lighting Review of the pes 09/21/10 indicated	ention in the dietary area on etermined that the facility failed ective pest control program so tree of pests and rodents. Idate at 8:35 AM, two (2) flies alking across the steele food the dry food storage room. It control vendor receipts on that ants and rodents were the ne treatment regime.		The facility will install two ad fly trap units that will increase square feet of attraction from 9 1800 feet. The units will be ins 10/15/10. Two: Identification of other that have the potential to be The facility recognizes that all have the potential to be affected regards to pest control. Three: Measures or systemic line addition to the use of the extily traps, the facility will instal curtains that will be located at kitchen and main delivery/empentrance doors. The air curtain installed by 10/15/10.	residents affected residents affected residents ed with changes panded ll two air the ployee	10/15/10
			Four: Monitoring measures Effective 11/10, Advanced Per (APM) will service the fly trap stations monthly. Weekly the swill be checked to ensure effect Any concerns will be addresse immediately by the maintenant department. All checks and set be logged. Monthly the Maintenant director or designee will subm APM report to the QI committed.	bait stations ctiveness. d ce rvice will enance it the	11/10/10 Ongoing

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs NAME OF PROVIDER OR SUPPLIER HARRISON HOUSE OF GEORGETOWN STREET ADDRESS, CITY, STATE, ZIP CODE 110 W. NORTH STREET GEORGETOWN, DE SUMMARY STATEMENT OF DEFICIENCIES F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CITY The resident has the right, unless adjudged incompetent or otherwise found to be incapace of the State, to participate in planning care and treatment or changes in care and treatment	P citated under the laws at.
HARRISON HOUSE OF GEORGETOWN ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CI The resident has the right, unless adjudged incompetent or otherwise found to be incapace	citated under the laws at. comprehensive
F 280 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CI The resident has the right, unless adjudged incompetent or otherwise found to be incapace.	citated under the laws at. comprehensive
The resident has the right, unless adjudged incompetent or otherwise found to be incapac	citated under the laws at. comprehensive
	nt. comprehensive
A comprehensive care plan must be developed within 7 days after the completion of the cassessment; prepared by an interdisciplinary team, that includes the attending physician, with responsibility for the resident, and other appropriate staff in disciplines as determined needs, and, to the extent practicable, the participation of the resident, the resident's family legal representative; and periodically reviewed and revised by a team of qualified personassessment.	ed by the resident's y or the resident's
This REQUIREMENT is not met as evidenced by: Based on observations, clinical record review, and interview it was determined that the fathe care plan for one (R132) out of 25 residents sampled. R132 had a care plan for Cogn Deficit/Dementia with interventions that included a private duty companion that was not present during the survey. Findings include: R132 had a care plan for Cognitive Deficit/Dementia with interventions that included a prompanion however, through observations and interview with E6 (unit manger) on 9/20/1 determined that R132 no longer had a private duty companion.	observed being
F 280	
483.20(d), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE/REVISE CP	
On 9/20/10 it was noted that the care plan for R132 included a private duty companion. The companion was no longer assigned to the resident. It was discontinued on the care plan on 9/20/10.	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents



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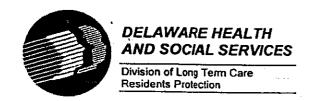
IAME OF FACILITY: Harrison House of Georgetown

DATE SURVEY COMPLETED: September 21, 2010

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencles	ADMINISTRATOR'S PLAN FOR CORRECT OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	ION
		3201	
	The State Report incorporates by		
	reference and also cites the findings	<u>3201.10</u>	
	specified in the Federal Report.	3201 <u>.1.2</u>	
	An unannounced annual survey and		
	complaint visit was conducted at this		
	facility from September 13, 2010 through	This plan represents the facility's	•
	September 21, 2010. The deficiencies	credible allegation of compliance	10110/10
	contained in this report are based on	as of 12/10/2010	12/10/10
	observations, staff and resident interviews,	Commenter of the second	
	clinical record reviews, review of facility	Cross refer to CMS 2567-L survey completed 9/21/10	
	policies and procedures and other documentation as indicated. The facility	Survey completed starts	
	census on the first day of the survey was	F279	
	one hundred and two (102). The survey	407 007 10 407 4071 73	
	sample totaled twenty-five (25) residents.	483.20(d), 483, 20(k) (1) DEVELOP COMPREHENSIVE	
		CARE PLANS	
3201	Skilled and Intermediate Care Nursing	The facility will develop a	
	Facilities	comprehensive care plan for each	
3201.1.0	Faces	resident's care needs.	
3201,1.0	Scope		
3201.1.2	Nursing facilities shall be subject to all	To address survey concerns the	
	applicable local, state and federal code	facility is undertaking the following measures:	
	requirements. The provisions of 42 CFR	1110434.40.	
	Ch. IV Part 483, Subpart B,	One: Corrective action for	
	requirements for Long Term Care	situation identified	
•	Facilities, and any amendments or	1. Cross refer F 319	
	modifications thereto, are hereby adopted as the regulatory requirements	a. As of 10/01/10 the	
	for skilled and intermediate care	facility Social Worker developed a	
	nursing facilities in Delaware. Subpart	care plan addressing R132's	
	B of Part 483 is hereby referred to, and	behaviors associated with agitated behaviors. The care plan includes	
	made part of this Regulation, as if fully	measurable goals and non-	10401/10
!	set out herein. All applicable code	pharmacological interventions.	10/01/10
	requirements of the State Fire	b. As of 10/01/10, R132	
	Prevention Commission are hereby adopted and incorporated by reference.	was care planned for his potential for medication refusal. The care	
	anobies and incorborates of reservings	plan includes non-pharmacological	10/01/10
	Cross refer to the CMS 2567-L survey	interventions.	

Provider's Signature

Title administrate Date 10/20/10

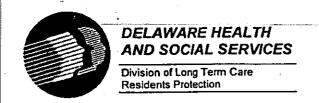


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NAME OF FACILITY:	Harrison House of Georgetown
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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	
,	report date completed 9/21/10, F279, F280, F319, F329 and F469.	2. Effective 10/01/10, R38's care plan was updated to include anxiety and the associated behaviors. The care plan includes measurable goals, non- pharmacological interventions and psychotropic medication use.	10/01/10
	F 279	Two: Identification of other residents that have the potential to be affected	
		The facility recognizes that all residents have the potential to be affected with regards to the development of a comprehensive care plan that includes a plan to address the residents actual care	
		needs. By 11/5/10 resident care plans, behavior documentation (CNA and BIMFR forms) and associated psychotropic drug use will be audited for accuracy .Any	11/05/10
		concerns will be noted and a Social Services referral will be completed. (Attachment A) By 12/10/10 Social Services will ensure that behavior care plans, to include CNA behavior flow sheets, are completed and reflect the	12/10/10
		resident's actual needs. Nursing staff will be in-serviced on the revised Social Services referral form by 10/15/10. Three: Measures or systemic	10/15/10
	:	changes	
		By 11/12/10 an in-service will be provided by the consulting Pharmacist on behavior monitoring and psychotropic drug use. The nurse 24 hour report that indicates	I 1/12/10
	<u> </u>	any change in resident behavior and /or medication order will continue to be reviewed daily by the QI nurse and the RNAC, or designee, who will ensure the appropriate care plan and behavior monitoring tool has been developed	11/12/10



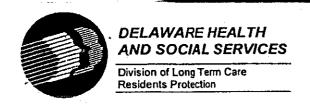
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IAME OF FACILITY: Harrison House of Georgetown

DATE SURVEY COMPLETED: September 21, 2010

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	report date completed 9/21/10, F279, F280, F319, F329 and F469.	Four: Monitoring Mechanisms Monthly, in addition to the Pharmacist drug review, all residents whose behaviors are monitored or who receive a psychotropic medication will be reviewed by nursing staff to ensure that care plans are consistent with psychotropic drug use and behavior monitoring. A Social Services referral will be completed for appropriate intervention, if needed. Social Services will report on concerns at the monthly and quarterly QI meeting.
		The monthly pharmacy report will include psychotropic drug use and reduction recommendation. Ongoing



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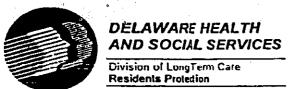
NAME OF FACILITY: <u>Harrison House of Georgetown</u>

DATE SURVEY COMPLETED: September 21, 2010

9/20/10 order for a psych consult.

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	report date completed 9/21/10, F279,	
	F280, F319, F329 and F469.	F 280
	F280	483.20(d), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE/REVISE CP
		On 9/20/10 it was noted that the care plan for R132 included a private duty companion. The companion was no longer assigned to the resident. It was discontinued on the care plan on 9/20/10.
	F210	F 319
	F319	483.25(f) (1) TX/SVC FOR MENTAL/PSYCHOSOCIAL DIFFICULTIES
		The facility will continue to provide a resident who displays mental or psychosocial difficulties appropriate monitoring and services to correct the assessed problem.
		To address survey concerns the facility is undertaking the following measures:
		Cross refer to F279
•		One: Corrective action for situation identified
		In addition to the care plan revision completed on 10/1/10, the CNA behavior monitoring forms were revised to reflect behaviors being exhibited. The nursing "Behavior/Intervention Monthly Flow Record" (BIMFR) for
		R132 was also corrected to include behaviors exhibited and documented in the nursing notes.
		On 9/21/10 the facility's psychiatric nurse consultant was notified of the
		0/20/10 order for a name or and 9/21/1

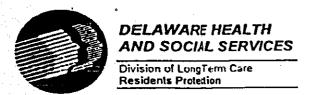
9/21/10



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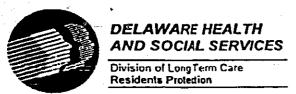
SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECT OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	ION
,	report date completed 9/21/10, F279, F280, F319, F329 and F469.	Two: Identification of other residents that have the potential to be affected	
	F319	The facility recognizes that all residents have the potential to be affected with regards to appropriate treatment and services for mental /psychosocial difficulties.	
		The nursing audit, to be completed by 11/5/10, and the social services referral form (attachment A) will ensure that the CNA and BIMFR forms are consistent	11/05/10
		in noting actual behaviors that are assessed and care planned to ensure the resident is being provided with the appropriate intervention.	
		Three: Measures or systemic changes	
		The nurse 24 hour report will continue to be reviewed daily by the QI nurse and the RNAC, or designee, to identify resident behavior changes and to ensure appropriate care planning and behavior monitoring and treatment has been implemented. Monthly the BIMFR and CNA behavior flow sheets will be reviewed to ensure behavior monitoring is consistent and appropriate interventions are implemented. Concerns will be reported to Social Services for review.	Ongoin
	:	By 11/12/10 the nursing staff will be inserviced by the consulting Pharmacist on behavior monitoring and psychotropic drug use.	11/12/1



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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	report date completed 9/21/10, F279,	Four: Monitoring Mechanisms
	F280, F319, F329 and F469.	
		Monthly nursing will review all
	F319	behavior monitoring forms with
		associated psychotropic drug use.
		Inconsistent monitoring will be
		addressed immediately and reported to
		the nurse supervisor who will ensure
		compliance. A Social Services referral
		will be completed for any needed care
· ·		plan or monitoring change. Concerns
•		will be audited and reported at the
		monthly and quarterly QI meeting.
	F329	F 329
		402 AS(2) DDIJC DECIMEN IS EDEE
		483.25(i) DRUG REGIMEN IS FREE
		FROM UNNECESSARY DRUGS
		The facility will ensure that the
		resident's drug regimen is free from
		unnecessary drugs and is adequately
		monitored.
		To address survey concerns the facility
		is undertaking the following measures:
		One: Corrective action for situation identified
		The care plan, CNA behavior flow
		sheets and the nursing BIMFR have
		been updated to accurately reflect all
		behaviors with associated monitoring
	•	for potential adverse affects for the
		administration of the anxiolytic.Nursing
		staff will be in-serviced on Medication
		Management to include monitoring and
		documentation of any adverse 11/12/
	•	consequence.



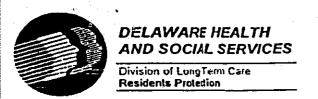
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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECT OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED	ION
	report date completed 9/21/10, F279,		-
	F280, F319, F329 and F469.	Two: Identification of other residents that have the potential to be affected	
	F329	The facility recognizes that all residents	
		have the potential to be affected with	
		regards to appropriate behavior	
		monitoring and medication	
		management.	. •
•		Three: Measures or systemic changes	
		A resident behavior and medication	10/15/10
		audit will be completed to ensure that	10/15/10
1		behaviors are appropriately documented	•
		and monitored. Results of the audit will	
	_	be reviewed by Social Services who	
		will make any necessary revisions to the	
		CNA forms. As stated ,nursing will	
		review both CNA and BMIFR forms for	
		consistency.	
		To ensure residents receiving	9/25/10
		psychotropic drugs receive gradual dose	
		reductions a Titrate Audit has been	
	·	completed to identify any resident that needs review for medication	
		reduction. The consulting pharmacist	
		will make appropriate recommendations	
		to the physician upon the review of the	
		audit results and documented behaviors.	10/22/10
		Four: Monitoring Mechanisms	
		The consulting pharmacist will continue	
		to review all resident medication orders	
	,	on a monthly basis and will continue to	
	:	make recommendations to ensure	
		residents are not receiving unnecessary	
		drugs. The results of the review will be	
		reported monthly and at the quarterly	
		QI meeting.	
	1	Monthly and quarterly, Social Services	
		will report on behavior referrals. The QI nurse and RNAC/or designee	Ongoing
·	<u> </u>	will continue to review the 24 hour	J8
		report for any resident concerns	
•		regarding behaviors and medication use.	
		Concerns will be addressed	
•		immediately and reported to the	
		DON/ADON who will arrows	4.5

DON/ADON who will ensure

compliance.



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SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	report date completed 9/21/10, F279, F280, F319, F329 and F469.	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONROL PROGRAM
	F 469	The facility will maintain an effective pest control program so that the facility is free of posts and rodents.
		To address survey concerns the facility is undertaking the following measures:
·		One: Corrective action for situation identified The facility will install two additional fly trap units that will increase the square feet of attraction from 900 feet to 1800 feet. The units will be installed by 10/15/10.
		Two: Identification of other residents that have the potential to be affected
		The facility recognizes that all residents have the potential to be affected with regards to pest control.
		Three: Measures or systemic changes
		In addition to the use of the expanded fly traps, the facility will install two air curtains that will be located at the kitchen and main delivery/employee entrance doors. The air curtains will be installed by 10/15/10.
		Four: Monitoring measures

Ongoing

11/10/10

Effective 11/10, Advanced Pest Control (APM) will service the fly trap bait

stations monthly. Weekly the stations will be checked to ensure effectiveness. Any concerns will be addressed immediately by the maintenance department. All checks and service will be logged. Monthly the Maintenance director or designee will submit the

APM report to the QI committee.